

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/779,214  
10999-474 (1963-5005)

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	26	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	26 minus 20 =	6
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	26	Minus	20 =
	Independent	4	Minus	3 = 1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	=
	Independent		Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	=
	Independent		Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X\$ 9=		OR	X\$18=	108
X40=		OR	X80=	0
+135=		OR	+270=	
TOTAL		OR	TOTAL	818

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X40=		OR	X80=	86.00
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	86.00

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDI-TIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: BOIES et al.

Application Serial No.: 09/779,214

Filing Date: February 8, 2001

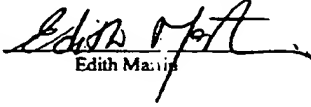
For: SYSTEM AND METHOD FOR  
PROVIDING A CONSUMER  
AGGREGATION SERVICE

Group Art Unit: 3622

Examiner: Raquel Alvarez

AMENDMENT and RESPONSE  
to the non-final Office Action  
Mailed June 1, 2004IBM Docket No.: YOR920000303US1  
(Attorney Docket No.: I01.086)Buckley, Maschoff & Talwalkar LLC  
Five Elm Street  
New Canaan, CT 06840

## CERTIFICATE OF MAILING UNDER 37 CFR 1.8

I hereby certify that this correspondence is being deposited with  
the United States Postal Service with sufficient postage as first  
class mail in an envelope addressed to: Mail Stop Amendment,  
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-  
1450, on September 1, 2004.Dated: September 1, 2004 By: 

Edith Manning

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the non-final Office Action mailed June 1, 2004, Applicants respectfully  
request entry of the following amendments into the above-identified application and  
consideration of the following remarks.

Immediately following is a detailed listing of all claims that are, or were, presented in the  
application. A status identifier is provided for every claim and the current text of every claim is  
displayed, unless the claim has been cancelled or not entered. Current amendments to the claims  
are shown in the detailed listing by ~~strike through~~ or double-brackets (for deletions) or

underlining (for additions).

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### FEE CALCULATION

For	Current	Prev. Paid	No. Extra	Rate	Fee
Total Claims	26	- 26	0	\$ 18.00	\$ 0.00
Indep. Claims	4	- 4	0	\$ 86.00	\$ 0.00
Multiple Dependent Claims (If applicable, please add \$ 290.00)					\$ 0.00
No Petition for Extension of Time is Required					\$ 0.00
OTHER FEE (specify purpose):					\$ 0.00
<b>TOTAL FILING FEE</b>					<b>\$ 0.00</b>

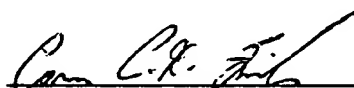
The Commissioner is hereby authorized to charge and credit Deposit Account No. 50-0510 as described below. A duplicate copy of this sheet is enclosed.

- ☒ Credit any overpayment.
- ☒ Charge any additional fees required under 37 CFR 1.16 and 1.17.

Respectfully submitted,

September 1, 2004

Date



Carson C.K. Fincham  
Registration No. 54,096  
Buckley, Maschoff & Talwalkar LLC  
Five Elm Street  
New Canaan, CT 06840  
(203) 972-4982